

# APPLICATION FORM



102 Valero St. Salcedo Village, Makati City 1200 Philippines  
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OFFICE USE ONLY

**Admission Committee**

Date : \_\_\_\_\_

Approved  Disapproved

Please answer all questions. Incomplete applications will be returned and will delay admission and registration process.

1. PLEASE CHECK THE CAMPUS AND PROGRAM FOR WHICH YOU ARE APPLYING:

- Makati Campus  Extension \_\_\_\_\_  
Specify the Center
- Masteral Program  
 Bachelor Program  
 Certificate Program  
 Audit

1" x 1"  
Photograph  
here

2. FULL LEGAL NAME \_\_\_\_\_  
Surname First Middle

Maiden or other names which might appear on academic records? \_\_\_\_\_

3. MARITAL STATUS:  Single  Married  Separated  Second Marriage  Divorced

If married, Name of Spouse \_\_\_\_\_ Number of Children: \_\_\_\_\_

If single, Name of  Parents or  Guardian \_\_\_\_\_

4. BIRTHDATE: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ CURRENT AGE \_\_\_\_\_ SEX:  Male  Female

5. BIRTHPLACE: City/ Province \_\_\_\_\_ Country \_\_\_\_\_

6. NATIONALITY \_\_\_\_\_

7. PREFERRED MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

8. PERMANENT ADDRESS (If different from above): \_\_\_\_\_  
\_\_\_\_\_

9. HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ FAX NO. \_\_\_\_\_ E-MAIL \_\_\_\_\_

10. LANGUAGE : What is your first language? \_\_\_\_\_  
List other languages or dialects you speak/write: \_\_\_\_\_

11. CHURCH BACKGROUND: Name of church you currently attend \_\_\_\_\_  
Address \_\_\_\_\_  
Pastor's Name \_\_\_\_\_ Church Phone \_\_\_\_\_  
How long have you been a member of this church? \_\_\_\_\_  
What is your denominational affiliation? \_\_\_\_\_

12. CURRENT EMPLOYER: \_\_\_\_\_

Job Title \_\_\_\_\_  Full-time  Part-time

13. LIST EDUCATIONAL BACKGROUND: Complete the following information.

	NAME OF SCHOOL	YEAR ATTENDED	DEGREE AWARDED	HONOR RECEIVED
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Post-College	_____	_____	_____	_____
Others	_____	_____	_____	_____

14. HAVE YOU EVER APPLIED TO ASCM IN THE PAST?       Yes    No    If yes, date \_\_\_\_\_

15. HAVE YOU EVER BEEN DENIED ADMISSION TO OR DISMISSED FROM ANY BIBLE SCHOOL OR SEMINARY?       Yes    No    If yes, give details \_\_\_\_\_

16. HAVE YOU EVER BEEN CONVICTED OF A CRIME?    Yes    No    If yes, please attach a separate piece of paper with an explanation.

17. RELIGIOUS BIOGRAPHY STATEMENT:

When did you receive Jesus Christ as your personal Savior and Lord? \_\_\_\_\_

Have you been baptized in water by immersion?  Yes    Not yet    If yes, when? \_\_\_\_\_

Have you received the baptism in the Holy Spirit with the evidence of speaking in other tongues?    Yes    No

Do you keep a consistent devotional life (daily prayer and meditation on the Word)?    Yes    No

Why do you want to study at ASCM?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- What has been your involvement in Christian service, and how do you perceive your gifts for ministry?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What does it mean to you to have Christian faith?

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18. HEALTH CONDITION. Please specify if you have any disease or physical disability

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19. REFERENCES: List complete names and mailing addresses of three persons (Pastor/spiritual director; former employer/teacher; friend). Family members and close relatives are not eligible as references.

Name \_\_\_\_\_ Address \_\_\_\_\_

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Name \_\_\_\_\_ Address \_\_\_\_\_

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Name \_\_\_\_\_ Address \_\_\_\_\_

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20. FINANCIAL INFORMATION: Please indicate your sources of financial support for payment of:

Tuition/School Fees \_\_\_\_\_

Living Allowance \_\_\_\_\_

Housing \_\_\_\_\_

**I understand that if I arrive at ASCM without the required funds and admission documents, I will not be enrolled and will have to return home immediately at my own expense.**

*I acknowledge that all statements on this application are true to the best of my knowledge.*

Signature: \_\_\_\_\_

Date Filed: \_\_\_\_\_

**ALL APPLICANTS:** Submit your typewritten personal testimony (not more than 200 words) together with this completed application form. This form and all supporting documents become the property of the seminary and may not be returned to the student, nor may they be used for any other purpose.

**PERSONAL HISTORY STATEMENT**

(To be accomplished and submitted by the applicant foreign student in 6 original copies to the college or university he is seeking admission into.)

**1.0 PERSONAL DATA**

- 1.1 Name: \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)
- 1.2 Name in Native Language Character: \_\_\_\_\_
- 1.3 If Married: Woman, State Maiden's Name: \_\_\_\_\_  
 Man, Name of Spouse: \_\_\_\_\_
- 1.4 Address: (Permanent, Home Country) \_\_\_\_\_  
 \_\_\_\_\_  
 Philippines \_\_\_\_\_
- 1.5 Age: \_\_\_\_\_ 1.6 Date of Birth: \_\_\_\_\_
- 1.7 Place of Birth: \_\_\_\_\_ 1.8 Citizenship: \_\_\_\_\_
- 1.9 Religion: \_\_\_\_\_ 1.10 Passport No. \_\_\_\_\_  
 Passport Issued at \_\_\_\_\_ Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

**2.0 PHYSICAL DESCRIPTION**

- 2.1 Sex \_\_\_\_\_ 2.2 Height \_\_\_\_\_ 2.3 Weight \_\_\_\_\_
- 2.4 Eyes \_\_\_\_\_ 2.5 Hair \_\_\_\_\_ 2.6 Complexion \_\_\_\_\_
- 2.7 Built \_\_\_\_\_ 2.8 Other Distinguishing Features \_\_\_\_\_
- 2.9 Physical Handicap or disability (if any) \_\_\_\_\_

**3.0 FAMILY DATA**

- 3.1 Name of Father: \_\_\_\_\_
- 3.2 Name of Mother: \_\_\_\_\_
- 3.3 Address: \_\_\_\_\_ Tel.No. \_\_\_\_\_

**4.0 EDUCATIONAL BACKGROUND**

- |     | Name of School      | Date of Attendance | Course Finished |
|-----|---------------------|--------------------|-----------------|
| 4.1 | Elementary : _____  |                    |                 |
| 4.2 | High School: _____  |                    |                 |
| 4.3 | College: _____      |                    |                 |
| 4.4 | Postgraduate: _____ |                    |                 |

**5.0 GENERAL QUALIFICATION**

- 5.1 Language \_\_\_\_\_ Date of Proficiency (oral or written) \_\_\_\_\_  
 \_\_\_\_\_
- 5.2 Hobbies: \_\_\_\_\_ 5.3 Sports: \_\_\_\_\_

**6.0 COURSE APPLIED FOR:** \_\_\_\_\_

Semester: ( ) First ( ) Second School Year 19 \_\_\_\_ - 19 \_\_\_\_

I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signed at \_\_\_\_\_ Date \_\_\_\_\_

Signed Photograph of applicant  
to be affixed here  
(2x2)

\_\_\_\_\_  
Signature of Applicant

THUMBMARK

Left

Right